



TRANSMITTAL FORM

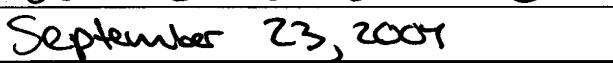
(to be used for all correspondence after initial filing)

		Application Number	09/282,239
		Filing Date	March 31, 1999
		First Named Inventor	Goldman et al.
		Group Art Unit	1652
		Examiner Name	R. Hutson
Total Number of Pages in This Submission	3	Attorney Docket Number	19603/4230 (CRF D-2238B)

ENCLOSURES *(check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <small>Remarks</small> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<small>Firm or Individual name</small>	Michael L. Goldman Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600
<small>Signature</small>	 Registration No. 30,727
<small>Date</small>	 September 23, 2004

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

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9/23/04
(703)

Date



Signature

Wendy L. Barry

Typed or printed name

**FEE TRANSMITTAL
FOR FY 2004**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

AMOUNT OF PAYMENT

(\$ 640)

Complete if Known

Application Number	09/282,239
Filing Date	March 31, 1999
First Named Inventor	Goldman et al.
Examiner Name	R. Hutson
Art Unit	1652
Attorney Docket No.	19603/4230 (CRF D-2238B)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

14-1138

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)		(\$ 0)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3** =			0
Multiple Dependent	X			0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code (\$)	Fee Code (\$)	Fee Description
1051	130	2051	Surcharge – late filing fee or oath
1052	50	2052	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	Non-English specification
1812	2,520	1812	For filing a request for <i>ex parte</i> reexamination
1804	920*	1804	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	Requesting publication of SIR after Examiner action
1251	110	2251	Extension for reply within first month
1252	420	2252	Extension for reply within second month
1253	950	2253	Extension for reply within third month
1254	1,480	2254	Extension for reply within fourth month
1255	2,010	2255	Extension for reply within fifth month
1401	330	2401	Notice of Appeal
1402	330	2402	Filing a brief in support of an appeal
1403	290	2403	Request for oral hearing
1451	1,510	1451	Petition to institute a public use proceeding
1452	110	2452	Petition to revive – unavoidable
1453	1,330	2453	Petition to revive – unintentional
1501	1,330	2501	Utility issue fee (or reissue)
1502	480	2502	Design issue fee
1503	640	2503	Plant issue fee
1460	130	1460	Petitions to the Commissioner
1807	50	1807	Processing fee under 37 CFR 1.17(q)
1806	180	1806	Submission of Information Disclosure Stmt
8021	40	8021	Recording each patent assignment per property (times number of properties)
1809	770	2809	Filing a submission after final rejection (37 CFR 1.129(a))
1810	770	2810	For each additional invention to be examined (37 CFR 1.129(b))
1801	770	2801	Request for Continued Examination (RCE)
1802	900	1802	Request for expedited examination of a design application
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 640)

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9/23/04

Date

Wendy L. Barry
Signature
Wendy L. Barry
Typed or printed name

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Michael L. Goldman	Registration No. (Attorney/Agent)	30,727	Telephone	(585) 263-1304
Signature			Date	September 23, 2004	

AF 1652

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

C 1
SEP 27 2004
PATENT & TRADEMARK OFFICE

Applicants	:	Goldman et al.)	Examiner:
Serial No.	:	09/282,239)	R. Hutson
Cnfrm. No.	:	8339)	Art Unit:
Filed	:	March 31, 1999)	1652
For	:	A METHOD FOR ISOLATING AND PURIFYING OLIGODENDROCYTES AND OLIGODENDROCYTE PROGENITOR CELLS)	

**NOTICE OF APPEAL
AND
REQUEST FOR THREE-MONTH EXTENSION OF TIME**

Mail Stop: AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the Primary Examiner's decision dated March 24, 2004, finally rejecting claims 25, 26, and 29.

Applicants hereby request an extension of time of three months from the due date of June 24, 2004.

Enclosed is a check in the amount of \$640, which covers the \$165 cost of the appeal fee and the \$475 cost of the extension of time. Please charge any additional fees which may be required or credit any overpayment to Deposit Account No. 14-1138. A duplicate copy of this form is attached.

09/28/2004 WARDELR1 00000062 09282239

01 FC:2253
02 FC:2401

475.00 OP
165.00 OP

Respectfully submitted,

Michael L. Goldman
Registration No. 30,727

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R799143.1

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 Alexandria, VA 22313-1450, on the date below.
 9/23/04 *Wendy L. Barry*
 Date *Wendy L. Barry*
 Wendy L. Barry